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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721 098	11/26/2003	Dan Avidor	29250-001075/US	6195

TITLE OF INVENTION: OPPORTUNISTIC BEAMFORMING AND SCHEDULING OF USERS IN A COMMUNICATION SYSTEM

nonprovisional NO \$1400 EXAMINER ART UNIT CONTROL NGUYEN, DAVID Q 2617 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PLEASE NOTE: Unless an assignee is identified below, no assignee data recordation as set forth in 37 CFR 3.11. Completion of this form is NOT as (A) NAME OF ASSIGNEE LUCENT TECHNOLOGIES INC. (B) MURRAY HILL, NJ 07974 STATE OF DELAWARE Please check the appropriate assignee category or categories (will not be printed)	ragents OR, alternation of a single of a s	o 3 registered patent attornovely, le firm (having as a membe agent) and the names of up orneys or agents. If no name printed. pe) patent. If an assignee is ideassignment.	er a 2ee is 3eentified below, the docu	DATE DUE 05/22/2007 ment has been filed for	
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Issue Fee Publication Fee (No small entity discount permitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from	h Applicant is no lor	nger claiming SMALL ENT			

Authorized Signature Typed or printed name <u>FQ</u>

Registration No.

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